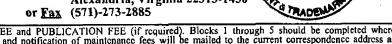
PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNE	Y DOCKET NO.	CONFIRMATION NO.	
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EXAM	INER	ART UNIT	CLASS-SUBCLASS	J 91 FC		1400.00 D		
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Armonk, New York, 10504								
International	Business Mach	ines Corporation	Armonk, Ne	w York, 1050	4			
Please check the appropri	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🖎 Co	orporation o	or other private gro	up entity Government	
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	tus (from status indicates		☐ b. Applicant is no lo	nger claiming SMAI	LL ENTIT	Y status. See 37 CF	FR 1.27(g)(2).	
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